OBJECTIVES: Clinical trials comparing rivaroxaban or dabigatran to warfarin showed non-inferiority and non-significantly higher bleeding. Though FAERS is subject to significant bias, the results suggest dabigatran-NOACs, patients having fatal and non-fatal bleeding were found to have higher
PCV26
= significantly increased risk of non-fatal bleeding with dabigatran (PRR = 2.02-2.56) and significantly lower with rivaroxaban (ROR = 0.75, CI 0.44-0.93). CONCLUSIONS: Among the NOACs, patients having fatal and non-fatal bleeding were found to have higher odds of dabigatran exposure and significantly lower odds of rivaroxaban exposure. Though FAERS is subject to significant bias, the results suggest dabigatran-related bleeding is higher in clinical practice and rivaroxaban may be a safer alternative.

PCV27
ANTHYPERTENSIVE DRUG UTILIZATION IN ELDERLY OUTPATIENTS IN SERBIA
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OBJECTIVES: Arterial hypertension represents a major cause of morbidity and mortality among elderly population in Novi Sad, Serbia. The aim of this study was to analyze patterns and address financial aspects of antihypertensive drug utilization among elderly patients (>60).
METHODS: Data on antihypertensive issues was collected from 469 patients, diagnosed with hypertension (population 350,000) from September 2011 to February 2012. Consumption was calculated using the ATC/DDD methodology, and results were expressed in DDD/1000 inhabitants/day. DU90% (drug utilization 90%) segment and price per DDD were determined. RESULTS: The total use of antihypertensives among population >60 years in Novi Sad, Serbia was 231.3 DDD/1000inh/day. The drugs that were the most frequently used drugs and accounted for 58.44% of total consumption, followed by beta-blockers (23.51%) and diuretics (11.10%). Consumption of diuretics (4.29%) and angiotensin receptor antagonists (<3%) was low. High use of ACE inhibitors was also reflected in DU90% profile. Even though most commonly used drugs were drugs with DU90% segment and price per DDD were determined.
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PCV28
PHARMACO-ECONOMIC AND STRUCURE OF ANTHYPERTENSIVE DRUGS CONSUMPTION IN UKRAINE
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OBJECTIVES: Arterial hypertension (AH) largely determines the high mortality rate and disability of working age persons from coronary heart diseases. In Ukraine in 2012 according to official statistics 121 million patients with AH were registered. It is 32.2% of the adult population. The purpose of the study - assessment structure and volume of antihypertensive drugs (AHDs) consumption during 2008-2013 in Ukraine. METHODS: Analysis of AHDs consumption was performed using ATC/DDD methodology and data of drugs supply in informational-search system “Pharmaceuticals” of company MORION during 2008-2013. Consumption of AHDs was determined in the indicator: DDDS / 1000 inhabitants / day (DDDs). AHDs of the first line: diuretics, thiazide/thiazide-like diuretics, calcium channel blockers, ACE inhibitors, angiotensin II receptor blockers and the second line: α-blockers, central antihypertensive drugs, peripheral vasodilators were analyzed.
RESULTS: Volume of AHDs consumption increased from 66,64 DDDs in 2008 to 96,43 DDDs in 2013. About 6.08% - 9.6% of inhabitants take AHDs per day. Recalculation volumes of AHDs consumption for a total aggregate of patients with AH showed that only 23% - 36% of patients receive treatment. This testifies to the low adherence of patients to treatment. A comparison the volumes of AHDs consumption has shown that the consumption of AHs in Ukraine is less, but stroke mortality is higher than in the developed countries.

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PCV29
OUTCOMES, HEALTH COSTS AND USE OF STATINS IN 6,226 PATIENTS
ADMITTED IN 2011 FOR AN ACUTE CORONARY SYNDROME (ACS) OCCURRING IN A LARGE COMMUNITY SETTING OF 2,989,512 SUBJECTS
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OBJECTIVES: The study includes in a community setting how patients discharged alive after an ACS are treated with statins. Specifically, the rate of prescription, the dosages and 1-year adherence have been evaluated.
METHODS: From the ARNO Observatory, we carried out a record linkage analysis of discharge records for ACS and prescription data, which included 7 Local Health Authorities from Northern to Southern Italy. The accrual period lasted from January 1 to December 31, 2011. RESULTS: Of the 2,989,512 subjects, 6,226 (2.1%) were hospitalized for ACS over the 12 months of observation, 58% of patients were aged more than 70 years, females accounted for 36% of the cases, diabetes was reported in 31%. In-hospital all-cause death was 4.6%. Of the patients discharged alive, 69.9% received a statin treatment at the time of discharge. High dosage of statins were used in 70.4% of cases. Overall, statins adherence to treatment was observed in 71.7% of patients. Over the 1-year follow-up, 63.3% of the patients needed to be reaccumulated (10.4% for cardiovascular causes). The average yearly cost per patient for the entire ACS population was 6196 euro (95% CI: 1893-1166). CONCLUSIONS: In a community setting, the rate of prescription of statins after an ACS seems to be at least suboptimal. However, the dosages of prescribed statins suggest that the use of intensive statin treatment increased over the last few years. Prescription continuity over time was not adequately followed. Patients with ACS have high direct healthcare costs, rehospitalization being the main cost driver. There is still a gap between evidence based recommendations and what actually happens in the routine clinical practice, surely determining a high social and economical burden for the national health structures.

PCV30
PHYSICIAN’S ADHERENCE TO TREATMENT GUIDELINES IN DEEP VEIN THROMBOSIS AT AN INDIAN TERTIARY HEALTHCARE FACILITY
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OBJECTIVES: Despite the availability of effective prophylactic and therapeutic options, VTE continues to be under diagnosed and undertreated. The incidence of DVT in India, however, is comparable to that in the Western countries. This study aimed to assess the adherence of treatment guidelines in the prophylaxis of DVT and evaluated the risk factors associated with DVT. METHODS: The prospective study was carried out at an Indian tertiary healthcare setting where the patients were enrolled in the study as per the defined inclusion and exclusion criteria. The results are based on findings from a total of 230 patients. The patients were classified into four different categories based on the risk of DVT: low, moderate, high and very high. The patients were categorized based on the demographic data of female and male patients. The average age of the patients was found to be 62±10.9 yrs. The average age of female patients was found to be statistically significantly higher than the average age of male patients (4.5%, p<0.05). 95% of the patients received treatment, 2 patients received treatment (Dabigatran/ Rivaroxaban/ Diataparin for prophylaxis and 5 patients through DVT pump and limb physiotherapy). It was found that 18 patients did not receive any type of DVT prophylaxis; and, of out 18 patients, 10 were managed for DVT prophylaxis with a subsequent change to the regimen. The proportion of patients found to be taking aspirin was found to be 92.9%. CONCLUSIONS: The results of this study have shown that the adherence to ACCP guidelines in DVT prophylaxis in this study population was high (92.2%). Further, an association between surgery (major surgery, orthopaedical surgery), age and DVT risk appears to be existent.